

NEW HAMPSHIRE FIRE STANDARDS & TRAINING COMMISSION

CERTIFICATE OF CONTINUING EDUCATION COMPLIANCE

Annual Continuing Education Requirements for the reporting year July 1, _____ - June 30, _____.

1. Name (Please print or type): _____

Last
First
M
2. Mailing Address: _____

Street/PO Box
City
State
ZIP
3. Home Telephone Number: (_____) _____

SPONSOR NAME	PROGRAM TITLE	CREF# or LOCATION	DATE(S) OF ACTIVITY	TYPE OF ACTIVITY	TOTAL HOURS
Example: NHFA	Strategy & Tactics	Concord	02/15/95	Seminar	2
				GRAND TOTAL	

If you need more space, attach additional form.

I hereby certify that I am familiar with the requirements of the New Hampshire Fire Standards & Training Commission, that the information set forth in this Certificate is complete and accurate, to the best of my knowledge, and that I have completed the hours of continuing education as listed.

Signature: _____ Date: _____

Send the completed form to Fire Standards & Training, 33 Hazen Drive, Concord, NH 03305 by June 30 of each year.

If not received by June 30, Inactive Instructor status will start.